



NATIONAL HEALTH COUNCIL

April 10, 2024

The Honorable Brett Guthrie
Chair
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Anna Eshoo
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Guthrie and Ranking Member Eshoo:

The National Health Council (NHC) thanks the House Committee on Energy and Commerce for holding a hearing on April 10, 2024, titled, “Legislative Proposals to Support Patient Access to Telehealth Services.” Too often, these discussions that directly affect patients do not include the patient perspective. We commend you for having both the patient and consumer perspective represented at this hearing.

People with chronic diseases and disabilities often face significant logistical, economic, and other challenges to accessing care in clinical settings. They are also at heightened risk of facing infections, contagious diseases, and other perils of entering a health care facility. The NHC supports efforts to increase access to needed care in the home, including better access to telehealth. The package of proposed legislation that this hearing focuses on includes many issues of importance to patients. These include but are not limited to:

- Making the current telehealth flexibilities permanent;
- Expanding originating site definitions;
- Expanding the types of providers authorized to offer care via telehealth;
- Increasing access to mental and behavioral health via telehealth;
- Studying the experience in telehealth over the last few years; and
- Increasing access to telehealth services for people with limited English proficiency.

One outstanding significant barrier to accessing telehealth that does not appear to be addressed in this package of legislation is the issue of cross-state licensure of providers. The NHC has consistently heard about the tremendous benefit people saw in early 2020 when they were able to access providers in other states via telehealth rather than travel across multiple states to see specialists who are experts on their condition. This is especially true for people with rare diseases, for which there may be few experts in the world. If we are to make any significant progress in creating greater access to telehealth, this is an issue that must be addressed. While the package of legislation for this hearing does provide for emergency cross-state agreements for mental health services, there is a need for a federal approach to incentivizing and supporting cross-state agreements to allow providers to care for patients regardless of location. Understanding the complexity of this issue, the NHC would welcome the opportunity to

work with the Committee to further explore this issue in the hopes of eventually addressing it if not in an upcoming legislative package.

Created by and for patient organizations more than 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable, equitable health care. Made up of more than 170 national health-related organizations and businesses, the NHC’s core membership includes the nation’s leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

Access to telehealth is one of the most popular, bipartisan, and patient-centric solutions to increasing access to care. The COVID-19 pandemic highlighted and underscored the benefits of telehealth in providing increased access, ease of use, and comfort with the health care system for patients with chronic diseases and disabilities. To help quantify the patient needs in telehealth, the NHC conducted eight 30-minute listening sessions with staff from the NHC’s patient-organization members¹. These listening sessions demonstrated the extent that patients value access to telehealth. One of the key themes that arose during the listening sessions was that telemedicine can help reduce disparities; however, if it is done incorrectly, it can also exacerbate disparities. Another theme was that patients should be able to voice their preference for the type of provider visit they can have, whether it is in-person, on the phone, or virtually. Concerns over transportation, mobility, condition type, geography, and privacy could all change a patient’s preference.

While doctors’ offices are operating similar to before the pandemic, the promise of telehealth is as real as ever for patients living in rural and underserved communities, those with mobility and transportation limitations, people with rare diseases working with far away specialists, the immunocompromised, and many others.

Telehealth should be an option for patients and providers, when preferred and clinically appropriate. Making current Medicare telehealth authority permanent to ensure continuity of care and access to medically necessary services for Medicare beneficiaries should be a top priority for Congress before the current authorities expire later this year. In addition, payment policies, including cost-sharing requirements, and provider networks must still support access and in-person availability when preferred and clinically appropriate.

During the pandemic, the NHC joined 34 other national patient advocacy and health organizations on a set of [Principles for Telehealth Policy](#). The NHC urges you to use these principles as a guide for any telehealth legislation in order to ensure that the needs of patients are met.

¹ [NHC-Telemedicine-Briefing-one-pager.pdf \(nationalhealthcouncil.org\)](#)

First, telehealth policy can improve access through equitable coverage, with services covered by all health plans including, but not limited to, Medicare, Medicaid, the ACA Marketplace, and other federal and state regulated commercial health plans.

Second, telehealth policy should ease technology barriers. Telehealth services should be equitably available through easily usable technologies that are accessible to people with disabilities, with limited English proficiency, and limited technology. The option of audio-only communication is especially important for rural and low-income populations, as many of these patients lack internet access.

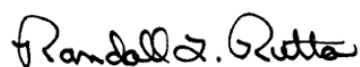
Third, telehealth policy should preserve and promote patient choice. A patient should have the opportunity and flexibility to choose whether they will access care in-person or via telehealth technologies. In addition, patients should have limited out-of-pocket costs for telehealth services and be no more than what they would pay for an in-person visit. Insurers should not incentivize nor disincentivize patients from using one care site over another — the choice should be based on the right care setting for the patient’s individual needs.

Fourth, telehealth policy should remove geographic restrictions, which place a burden on and can limit both patients and providers when evaluating treatment options for optimal care. This includes allowing providers to practice across state lines through telehealth services increasing access to care and improve care coordination for patients, particularly in underserved areas.

Better access to health care equals better outcomes in the long run — ultimately reducing cost — and telehealth is proving to be a valuable tool that should be protected and enhanced in this regard.

Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable via e-mail at egascho@nhcouncil.org.

Sincerely,



Randall L. Rutta
Chief Executive Officer